TINKER AIR SHOW 1 & 2 JULY MASTER CONCESSIONAIRE

PRIVATE ORGANIZATION VOLUNTEER APPLICATION

Email completed form to: puffs.stuff@att.net Attn: Stephanie

cc cathy.clarkfleck@us.af.mil

Private Organizatio	n Name:		
Make Check Payabl	e to:	Mailing	g Address:
Point of Contact:			
Cell Number:			
Email:			
Tax Exempt Federa (Required for payme	l ID # or Tax ID Nun nts)	nber:	
Names of Individua	ls working:		
			Organization and San Francisco Puff-nons are required to submit fund raising
TYPE OF BOOTH	S) REQUESTING T	O WORK AT:	
FOOD	SOFT DRINK	WATER	FROZEN TREATS
SOUVENIERS	ALCOHOLIC	BEVERAGES (MUST	BE 21/ADDITIONAL TRAINING)
PRIVATE ORG PR	ESIDENT SIGNAT	URE:	
	OFFIC	CE USE ONLY	
BOOTH# MANNING REQUITYPE:	REMENTS:		